

FILED

JUL 24 2015

U.S. DISTRICT COURT  
EASTERN DISTRICT OF MO  
ST. LOUIS

No. \_\_\_\_\_

\_\_\_\_\_

IN THE

United States District Court for the Eastern  
District of Missouri

Michael G Belfield — ~~Complainant~~,  
(Your Name)

VS.

Missouri, Franklin County,  
Washington County, Et. AL — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached Complaint, 42 USC § 1983, 1985 without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

☐ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):  
\_\_\_\_\_  
\_\_\_\_\_

☒ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☒ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: \_\_\_\_\_  
\_\_\_\_\_, or

☐ a copy of the order of appointment is appended.

Michael G. Belfield  
(Signature)

**AFFIDAVIT OR DECLARATION  
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Michael G. Belfield, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ 0	\$ 0	\$ 0
Self-employment	\$ 6	\$ 0	\$ 0	\$ 0
Income from real property (such as rental income)	\$ 0	\$ 0	\$ 0	\$ 0
Interest and dividends	\$ 0	\$ 0	\$ 0	\$ 0
Gifts	\$ 20. <sup>00</sup>	\$ 0	\$ 0	\$ 0
Alimony	\$ 0	\$ 0	\$ 0	\$ 0
Child Support	\$ 0	\$ 0	\$ 0	\$ 0
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ 0	\$ 0	\$ 0
Disability (such as social security, insurance payments)	\$ 0	\$ 713. <sup>00</sup>	\$ 0	\$ 713. <sup>00</sup>
Unemployment payments	\$ 0	\$ 0	\$ 0	\$ 0
Public-assistance (such as welfare)	\$ 0	\$ 0	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total monthly income:</b>	\$ 20. <sup>00</sup>	\$ 713. <sup>00</sup>	\$ 0	\$ 0

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NA	NA	NA	\$ NA

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
NA	NA	NA	\$ NA

4. How much cash do you and your spouse have? \$ \_\_\_\_\_  
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
NA	NA	\$ NA	\$ NA

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home  
Value NA

☐ Other real estate  
Value NA

☐ Motor Vehicle #1  
Year, make & model NA  
Value NA

☐ Motor Vehicle #2  
Year, make & model NA  
Value \_\_\_\_\_

☐ Other assets  
Description NA  
Value NA

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money

NA

Amount owed to you

\$ NA

Amount owed to your spouse

\$ NA

7. State the persons who rely on you or your spouse for support.

Name

NA

Relationship

NA

Age

NA

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

Rent or home-mortgage payment  
(include lot rented for mobile home)

Are real estate taxes included? ☒ Yes ☐ No

Is property insurance included? ☐ Yes ☒ No

You

\$ 0

Your spouse

\$ 350.00

Utilities (electricity, heating fuel,  
water, sewer, and telephone)

\$ 0

\$ 100.00

Home maintenance (repairs and upkeep)

\$ 0

\$ 0

Food

\$ 17.00

\$ 200.00

Clothing

\$ 0

\$ 0

Laundry and dry-cleaning

\$ 3.00

\$ 0

Medical and dental expenses

\$ 0

\$ 48.00

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 0	\$ 0
Life	\$ 0	\$ 0
Health	\$ 0	\$ 0
Motor Vehicle	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	\$ 0	\$ 0
Installment payments		
Motor Vehicle	\$ 0	\$ 0
Credit card(s)	\$ 0	\$ 0
Department store(s)	\$ 0	\$ 0
Other: _____	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 20.00 To Mr. Belfield
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify): _____	\$ 0	\$ 0
<b>Total monthly expenses:</b>	\$ 20.00	\$ 713.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? \_\_\_\_\_

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I live on state Tip; my spouse gives me \$20.00 to supplement food and medicine, she lives on SSDI.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: July 21, 2015

Michael H. Belfield  
(Signature)

June 23, 2015

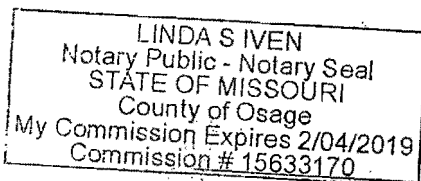
I do hereby verify that attached hereto is an original computer printout of the transactions in the offender account with the Missouri Department of Corrections, Jefferson City, Missouri for the following offender, indicating the correct opening balance, subsequent transactions, and closing balance for said account in my office.

Offender Name: Michael Belfield  
DOC Number: 519994  
Current Institution: South Central Corretional Center  
Report Period: December 1, 2014 through June 22, 2015

Melisa Rohrbach  
Melisa Rohrbach  
Assistant Offender Finance Officer

Subscribed and sworn to before me, the undersigned Notary Public, this 23rd day of June, 2015.

Linda S Iven  
Notary Public



CERTIFICATE OF SERVICE

I hereby certify that on 21 day of JULY, 2015, pursuant to United States Supreme Court Rule 29, and in compliance with 28 U.S.C. § 1746, that the ORIGINAL of the foregoing was placed in the institutional mail box, and that first-class postage has been paid, to: The United States District Court, ~~Christopher A. Koster (AG),~~ Nixon ( State of Missouri. All statements contained in this document are true and correct to the best of my knowledge and reason under the penalty of perjury under the law.

Clerk of the Court  
United States District Court  
For the Eastern District of  
Missouri  
111 S. 10th Street  
St. Louis, Mo 63102

Michael G. Belfield  
Michael G. Belfield

~~Christopher A. Koster~~  
~~Attorney General, Couns-~~  
~~el of Record for the~~

~~Defendants~~  
~~P.O. Box 899~~  
~~Jefferson City, Mo~~  
~~65102~~